

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. 250
Registered No. 48

1. PLACE OF BIRTH

County Pima State Arizona
Township _____ or Village _____
City Hayden No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Charles Munchak { If child is not yet named, make supplemental report, as directed

3. Sex <u>Male</u>	4. Twin, triplet, or other..... 5. Number, in order of birth.....	6. Premature Full term <u>yes</u>	7. Legitimate marriage <u>yes</u>	8. Date of birth <u>May 30 1930</u> (Month, day, year)
9. Full name <u>William Munchak's</u>	FATHER		19. Full maiden name <u>Cruz Caruato</u>	
10. Residence (usual place of abode) (If nonresident, give place and State) <u>Hayden</u>		19. Residence (usual place of abode) (If nonresident, give place and State) <u>Hayden</u>		
11. Color or complexion <u>Mex</u>	12. Age at last birthday <u>41</u> (Years)	20. Color or complexion <u>Mex</u>	21. Age at last birthday <u>30</u> (Years)	
13. Birthplace (city or place) (State or country) <u>Phoenix Ariz</u>		22. Birthplace (city or place) (State or country) <u>Bisbee Ariz</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Common</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		
16. Date (month and year) last engaged in this work <u>5-30 1930</u>		25. Date (month and year) last engaged in this work <u>5-30 1930</u>		
17. Total time (years) spent in this work		26. Total time (years) spent in this work		

27. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation..... { months or weeks } 29. Cause of stillbirth..... { Before labor or During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) Charles Munchak's wife, M. D.

or _____, Midwife

Given name added from a supplemental report.

642-530-346 (Date of)Address Hayden
Filed June 7 1930 W.D. Mack
Registrar. Registrar.